#### Iowa Values 3101 Ingersoll Ave Des Moines, IA 50312

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FEC MAIL GENTER

July 2, 2014

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re: Form 1, Statement of Organization — Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Eytan Laor Treasurer

cc: Nancy H. Watkins, Asst. Treasurer

# 14031253432

FEC FORM

### STATEMENT OF ORGANIZATION

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FORM 1	•	Onda			. 20	E. Lottice had Out	,
NAME OF COMMITTEE (in	n full)	(Check if is changed		ample:If typing, type er the lines.	12FE4M	-ONAIL E	ENTER
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ADDRESS (number a	nd street)	3101 IN	GERSOI	L AVE	<u> </u>	1	<u> </u>
(Check if address is changed)		DES MC	INES		IA.	50312	J-L
			! CITY		STATE	ZIP (	ODE
COMMITTEE'S E-MA  (Check if is change	address	· ·	· ·	<sup>ddress)</sup> twatkins.cor	m	<u> </u>	
COMMITTEE'S WEE	B PAGE ADDI	RESS (URL)					
(Check if is change		<u> </u>	1 i 1 · !				<u> </u>
2. DATE 07	7° ′ Ž °	2014		•			
3. FEC IDENTIFIC	CATION NUI	MBER	С				
4. IS THIS STATE	MENT 🔀	NEW (N)	OR [	AMENDED (A)			
I certify that I have  Type or Print Name		Statement and to	·	knowledge and belief	it is true, corre	ect and complete.	
Signature of Treasur	er	Afta	h		Date Ö	7 02	2014
NOTE: Submission of				ubject the person signing		•	f 2 U.S.C. §437g.
Office Use Only			ļ	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC F	

	F	EC Fo	m 1 (Revised 02/2009)	Page 2						
5.		TYPE OF COMMITTEE								
	Can	didate	Committee:							
	(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate							
	Name Cand									
	Cand Party	lidate Affiliati	Office Sought: House Senate President	State District						
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Cand									
	- Part	y Con	nmittee:							
	(d)		(National, State	(Democratic, Republican, etc.) Party.						
	Polit	tical A	ction Committee (PAC):	•						
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:						
	(-)	ш								
			Corporation Corporation w/o Capital Stock	Labor Organization						
			Membership Organization Trade Association	Cooperative						
			In addition, this committee is a Lobbyist/Registrant PAC.							
	(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)								
			In addition, this committee is a Lobbyist/Registrant PAC.							
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	loin	t Euro	raising Representative:	:						
		г—								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political						
		Com	mittees Participating in Joint Fundraiser							
		Con								
		1.	Lilia in the common C	•						
		2.	FEC ID number C							
		3.	FEC ID number C							
		4.								

Write or Type Committee Name		
IOWA VALUE	<b>5</b>	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
N/A;		
		;
Mailing Address		
•		;     · ;
		. 1-1
	CITY STATE ZI	IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name Nanc	<del></del>	11.1.1.1
Mailing Address	610 S. Boulevard	
		1 1 1 1
.•	Tampa   FL   33606	
Title or Position	CITY STATE ZI	P CODE
Assistant Treasu	Telephone number 813   254	3369
B. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Of Treasurer  Eytar	ı Laor	
Mailing Address	3101 Ingersoll Ave	·
		1.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Des Moines [IA] [50312	
Title or Position	CITY STATE ZI	P CODE
Treasurer	Telephone number	<u></u>

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